CONSUMER PROTECTION BC

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www.consumerprotectionbc.ca

FUNERAL DIRECTOR, EMBALMER OR BOTH

Licence Application

TO BE COMPLETED BY APPLICANT ONLY

The personal information requested in this form and the results of the Criminal Record check are collected and retained under the authority of Section 26 (c) of the BC *Freedom of Information and Protection of Privacy Act* and Section 55 of the *Cremation, Interment and Funeral Services Act*. This information will be used to determine eligibility for licensing in the Province of British Columbia.

APPLICANT INFORMATION

1. Full Name: _____ Birthdate: _____/____/____
   (Surname) (Given Names) Year Mo Day

2. Home Address: _____
   No., Street., Apt. City Prov Postal Code

   Phone: (_____) _____ Email: _____

3. Position: ☐ Funeral Director ☐ Embalmer ☐ Funeral Director and Embalmer

4. Name of Employing Funeral Home:_____ Licence number:_____

COMPLETE IF APPLYING FOR FUNERAL DIRECTOR LICENCE

1. I have a current licence or certification issued in another Canadian jurisdiction ..... ☐ Yes ☐ No

   If yes, please attach copy of current documentation and proceed to Embalmer application if required.

2. I have graduated from an educational program in funeral directing ..... ☐ Yes ☐ No

   If YES, give the name of the institution and attach certificate evidencing graduation.

   .....

   If NO, please complete question 3.

3. Are you applying for reinstatement of a BC funeral director licence which lapsed less than two years ago? ... ☐ Yes ☐ No

   If YES, please provide your previous licence number: .....

   If NO, please contact the Consumer Protection BC licensing office as you likely do not qualify for a funeral director licence.

4. Enclose three (3) letters of reference, one of which must be from an employer or former employer who is a funeral provider and who can attest to the competency of the applicant as a funeral director.

5. Employment Record (Covering the last five years.)

Name of Employer	Address of Employment	Date of Employment		
			to	
			to	

COMPLETE IF APPLYING FOR EMBALMER LICENCE

1. I have a current licence or certification issued in another Canadian jurisdiction ..... ☐ Yes ☐ No

   If yes, please attach copy of current documentation.

2. I have graduated from an educational program in embalming? ..... ☐ Yes ☐ No

   If YES, give the name of the institution and attach certificate evidencing graduation.

   .....

   If NO, please complete question 3.

3. Are you applying for reinstatement of a BC embalmer licence which lapsed less than two years ago? ..... ☐ Yes ☐ No

   If YES, please provide your previous licence number: .....

   If NO, please contact the Consumer Protection BC licensing office as you likely do not qualify for an embalmer licence.

4. Enclose three (3) letters of reference, one of which must be from an employer or former employer who is a funeral provider and who can attest to the competency of the applicant as an embalmer.

5. Employment Record (Covering the last five years.)

Name of Employer	Address of Employment	Date of Employment		
			to	
			to	

ALL APPLICANTS COMPLETE THIS SECTION

1. Have you been licensed as a funeral director and/or embalmer in BC or any other jurisdiction? ..... ☐ Yes ☐ No

   If yes, where?_____ Licence number: _____

2. Have you ever been refused a funeral director and/or embalmer licence BC or any other jurisdiction? ..... ☐ Yes ☐ No

   If yes, where?_____

3. Have you ever had a funeral director and/or embalmer licence revoked or suspended in BC or any other jurisdiction?..... ☐ Yes ☐ No

   If yes, where? _____

4. Have you ever been convicted of an offence under the *Criminal Code of Canada* or any other statute? ..... ☐ Yes ☐ No

☐ If **YES** to questions 1-3 above, provide details on a separate sheet, including date(s), location(s), and by what Authority.

☐ **ALL APPLICANTS** that reside in Canada MUST complete an online criminal record check within one day of sending this application to Consumer Protection BC by going to the following link: http://www.sterlingtalentsolutions.ca/Consumer-Protection-BC and following the instructions for completion. Please note that once complete, a copy will be sent directly to Consumer Protection BC.

☐ **ALL APPLICANTS** that do not reside in Canada MUST submit a certified criminal record check from their home jurisdiction.

Please note that your application will not be processed until the criminal record check is received.

APPLICANT DECLARATION

I declare that:

1. I am the applicant in this application, which I have signed; and
2. I hereby apply for my funeral director and/or embalmer licence under the *Cremation, Interment and Funeral Services Act* of British Columbia. I confirm that the information contained in this application is true and correct;
3. I have read the *Cremation, Interment and Funeral Services Act* and regulations;

Signature_____ Print Name _____

Date _____ Title_____

EMPLOYER DECLARATION

The foregoing application is hereby recommended. Dated this_____day of_____, _____
(Date) (Month) (Year)

_____ _____
Authorized signing officer of funeral provider Funeral Provider Name (As licensed)

_____ Telephone: ( )_____Fax: ( ) _____
Print Name and Title of Signing Officer

_____
Business Address (**Location where applicant will be licensed**) (Street Address, Suite, City, Province & Postal)

Licence number of Business location: _____

APPLICATION FEE (see current fee schedule)

Pay by cheque or money order, or

Pay by Credit Card – complete credit card authorization form using Visa, Mastercard or American Express.

Application fees are non-refundable. A service charge will be applied for any dishonoured payments.

Sent completed application form, applicable attachments and application fee by mail or by email.

Email operations@consumerprotectionbc.ca

Mail Consumer Protection BC
PO Box 9244
Victoria, BC V8W 9J2

Courier Consumer Protection BC
321-3600 Uptown Blvd
Victoria, BC V8Z 0B9

INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED